

APPROPRIATE USE OF IMAGING SERVICES DEMONSTRATION

Fact Sheet

April 2009

Background

Section 135(b) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) mandates an “Appropriate Use of Imaging Services” demonstration project. The goal of the demonstration is to collect data regarding physician use of advanced diagnostic imaging services to determine the appropriateness of services in relation to established criteria and physician peers.

Imaging Services

The demonstration focuses on the use of advanced diagnostic imaging services which are defined as diagnostic magnetic resonance imaging, computed tomography, and nuclear medicine (including positron emission tomography) and other diagnostic imaging services as defined by the Secretary in consultation with specialty organizations and other stakeholders. X-ray, ultrasound and fluoroscopy are excluded from the demonstration.

Participating Physicians

Physicians must apply for the demonstration in a form and manner specified by the Secretary. Participating physicians should represent diverse geographic areas including urban, rural and suburban areas as well as practice settings including private practice and academic settings. Physicians must also be able to submit data electronically under standards developed by the Secretary.

Demonstration Design

The Secretary shall consult with medical specialty societies and other stakeholders including the Ambulatory Quality Alliance, to develop imaging appropriateness criteria for which physician practices will be assessed. In general, physicians will apply and report the criteria at the point of care or point of ordering. Under the point of care model, physicians must confirm with the beneficiary that the imaging service was provided and document the appropriateness of the service using the criteria developed above. The information would be submitted electronically for purposes of evaluating the appropriateness of the service and to provide feedback reports. Under the point of order model, a computerized order entry system with decision support would automate this process. Other models may be considered as designated by the Secretary.

Physician feedback reports must include utilization rates and compliance rates for individual physicians as well as their peers participating in the demonstration. If feasible, the report should also include a comparison of the physician’s peers not participating in the demonstration. Prior authorization of services is expressly prohibited.

Timeline

The demonstration starts January 1, 2010 and operates for 2 years. The end data would be December 31, 2012.

Funding

The statute provides \$10 million for the demonstration. Funding may be used for administering and evaluating the demonstration, payment to participating physicians for reasonable administrative costs, incentives to encourage participation and appropriateness.

Waivers

The Secretary may waive provisions of Title XI and XVIII of the Social Security Act as may be necessary to implement the demonstration.